

Kentucky Transportation Cabinet **Division of Motor Vehicle Licensing**

REQUEST FOR MOTOR VEHICLE OR BOAT RECORD THAT INCLUDES PERSONAL INFORMATION

Driver's Privacy Protection Act of 1994 Section 2721

Mail to:

PO Box 2014, Frankfort KY 40601-2014

I	, on l	behalf of	hereby request the following:
☐ Title History	Current Owner	Other (Specify)	
VIN OR HIN Number:		Title	License Plate
The requested record	s are to be used for:		
records shall be ι	ised in accordance with its c	th KRS 61.874 (4)(b)] 🗌	ing the commercial purpose for which the Non-Commercial Purpose. A fee of \$3.00 per make your check or money order payable to
Please place initials b	oeside box you checke	ed.	
only: (a) to veri employees, or obtain the corre	ify the accuracy of person contractors; and (b) if so ect information, but only	onal information submitted uch information as so subr	ness or its agents, employees, or contractors, but by the individual to the business or its agents, mitted is not correct or is no longer correct, to ting fraud by pursuing legal remedies against, or
			rbitral proceeding in any federal, state, local court order of a federal, state, or local court.
	arch activities, and for u lisclosed, or used to con		reports, so long as the personal information is no
			a self-insured entity, or its agents, employees, o ifraud activities, rating, or underwriting.
For use by an federal law.	y licensed investigative	agency or licensed secu	rity service for any purpose permitted under this
	y requester, if the reque formation pertains.	ster demonstrates he/she	has obtained the written consent of the individua
obtain or disclose pe 2721 (b) of the Act. I	ersonal information frocertify that this releas	om a motor vehicle rec se of information is perm	994, it is unlawful for any person knowingly to ord, for any use not permitted under section issible for the reason checked above and willy for any violations of this Act.
Printed name of Person Making Request		Signature	e Date
Address		STATE OF	=
Address		County of	
City St	ate Zip Code	, .	
Telephone number		Signed and	d sworn before me this day of 20
		Notary Pub	lic
		My Commi	ssion expires: